

# Consumer Experience and Outreach Advisory Committee Meeting

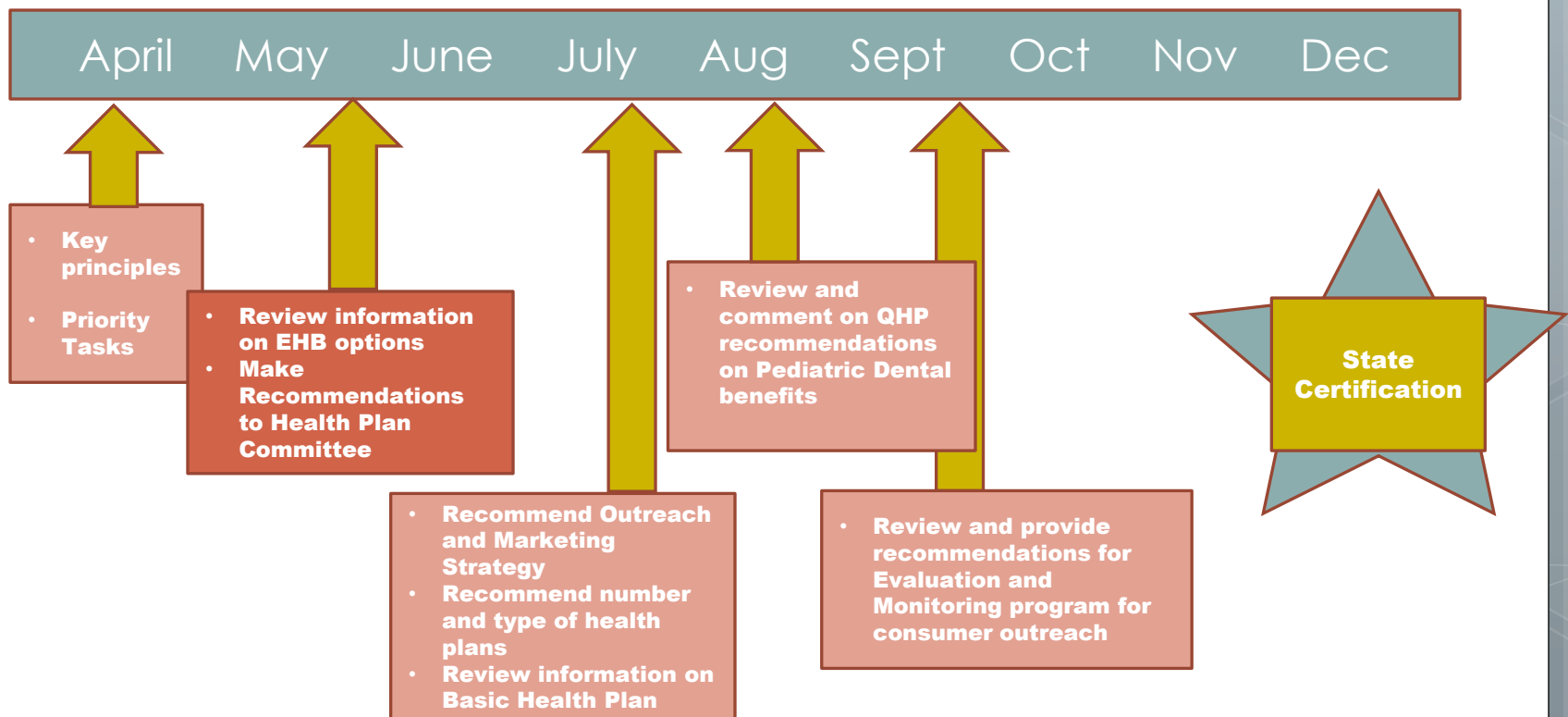
Connecticut Health Insurance Exchange  
May 15, 2012, 9:00 – 11:00 a.m.

# Agenda

- Call to order and Introductions (9:00-9:10)
- Committee Guiding Principles (9:10-9:20)
- Overview of Committee Tasks (9:20-9:40)
- Briefing: EHBs and Benchmark Plans (9:40-10:20)
- Mintz and Hoke Status Update (10:20-10:30)
- Summary Brief on Final Rules for Navigators and Brokers (10:30-10:40)
- Next Steps (10:40-10:50)
- Public Comment (10:50-11:00)
- Adjournment (11:00)

# Consumer Experience

## Committee Focus: State Certification



## Committee | Guiding Principles

- The Exchange should serve as a central point of access for all health coverage programs (e.g. Medicaid, HUSKY, Exchange Plans) and provide consumers with unbiased information about, and/or access to, their health coverage options.
- The Exchange should provide Connecticut residents with a first-class, consumer-oriented health insurance marketplace that offers a choice of high quality, affordable health insurance.

## Committee | Principles, continued

- The Exchange should provide consumers with information (e.g., on access and assistance, pre and post enrollment, coverage options) that is understandable and accessible in multiple formats (e.g., internet-based, written, walk-in, telephonic) and multiple languages (e.g., Spanish, sign language).
- The Exchange should implement a proactive outreach, enrollment, consumer assistance and retention strategy that reflects the diverse needs of Connecticut residents and results in a reduction in the number of uninsured and underinsured.

## Committee | Principles, continued

- The Exchange should utilize the expertise of a broad range of community stakeholders, community organizations, governmental entities and other entities to reach culturally and otherwise diverse populations.
- The Exchange should integrate and coordinate with outreach efforts of other public programs in order to provide a seamless transition for consumers.

*\*amended by Exchange staff to better reflect sentiment of Board's general guiding principles*

## Committee | Principles, continued

- Affordability is of paramount importance and is essential to the ability of Connecticut residents to retain and maintain access to health care and health insurance.
- The Exchange should be financially sustainable.

## Priority Tasks and Available Resources

Deadline	Priority Tasks	Resources/Action
April 2012	Establish <b>key principles</b> for committee (e.g., develop consumer-friendly health insurance program; reduce the number of uninsured Connecticut residents, etc.)	Best practices; consultant; Report to Board
May 2012	Review information on <b>EHB options</b>	CCIO Bulletin; Overview of CT-Specific Plans
	Review report on <b>consumer assistance resources</b> that may be leveraged by the Exchange	KPMG report on consumer assistance programs
June 2012	Make recommendation on <b>EHB options</b>	Further info on CT Plans; Coordination with QHP Advisory Committee

## Priority Tasks and Available Resources (2)

Deadline	Priority Tasks	Resources/Action
July 2012	Review <b>outreach and marketing strategy</b> and prepare Board recommendations	Mintz & Hoke Marketing and Outreach Strategy; Report to Board
	Review and make recommendations on <b>number of and type of health plans and insurers</b> at each plan level	QHP Advisory Committee report
	Review information on <b>Basic Health Program</b>	Exchange staff / consultant report on Basic Health Program
August 2012	Review QHP recommendations on offering <b>pediatric dental benefits</b> and prepare comments for Exchange Board	Summary of ACA requirements and options paper prepared by Exchange staff / consultant; QHP Advisory Committee Report to Board
September 2012	Review <b>evaluation and monitoring program</b> for consumer experience and outreach; and develop Board recommendations	Exchange staff / consultant report on evaluation and monitoring program; Report to Board

# Essential Health Benefits

1. Role of CT Exchange and CT Exchange Advisory Committees
2. Overview of Qualified Health Plans and Essential Health Benefits
3. Affordable Care Act (ACA) requirements
4. Treatment of state mandated benefits
5. HHS benchmark plan approach
6. Connecticut's benchmark plan options
7. Next steps
8. Resources

## EHB | Role of CT Exchange

- Decision regarding Essential Health Benefits package for Connecticut affects the entire individual and small group markets, not just the Exchange
- Advisory Committees' discussion provides an opportunity for input on EHB from stakeholders
- Advisory Committees will review and make recommendations to CT Exchange Board in June
- CT Exchange Board will review AC recommendations and develop Board EHB recommendation for the State in July
- The State will need to decide EHB no later than September 2012

# EHB | Overview

## Qualified Health Plans

- ACA requires all health plans sold in the individual and small group markets, inside and outside the Exchange, to meet minimum requirements (i.e., **Qualified Health Plans** (QHP))
- QHPs must cover the **Essential Health Benefits** (EHB), which includes an array of services within ten broad categories
- EHB determines the services covered, not the cost sharing that will apply to EHBs within the various actuarial value tiers (i.e., platinum, gold, silver, bronze and catastrophic)

# EHB | Overview

- ACA directs the Secretary of HHS to determine services within each category of care that is considered “essential”
- Secretary of HHS issued a [bulletin](#) in December 2011 directing each state to determine its own EHB, within certain parameters, for 2014 and 2015
- Bulletin identifies 10 benchmark plans for EHB:
  - Three small group plans with the largest enrollment
  - Three state employee plans with the largest enrollment
  - Three Federal Employee Health Benefit Plans (FEHBP) with the largest enrollment
  - Non-Medicaid HMO plan with the largest enrollment
- Default EHB package will be the plan with the small group market plan with the largest enrollment
- Benchmark plan may need to be supplemented if it does not cover a category of care (e.g., pediatric dental/vision, habilitative services)

# EHB | Ten Broad Categories

## Essential Health Benefits

Ambulatory patient services

Emergency services

Hospitalization

Maternity and newborn care

Mental health and substance use disorder services, including behavior health treatment

Prescription drugs

Rehabilitative and habilitative services and devices

Laboratory services

Preventive and wellness services and chronic disease management

Pediatric services, including oral and vision care

## EHB | State Mandated Benefits

- Pursuant to the ACA, for coverage purchased through the Exchange, states may be required to cover the cost of state mandated benefits that do not fall within the definition of EHB
- Initial approach taken by HHS provides state with the ability to select a benchmark plan that includes state mandates, thereby eliminating the potential fiscal impact to the state – at least in 2014 and 2015
- HHS plans to reevaluate EHB for plan year 2016

# EHB | Benchmark Approach

## Carrier Flexibility

- Once a state has chosen a benchmark plan, all plans in the individual and small group markets will be required to offer benefits that are “substantially equal” to the benchmark plan
- Carriers will have some flexibility to adjust the specific services that are included as part of the benefits package, as well as any limits on services, so long as the coverage has the same value as the benchmark plan

## Updating Benchmark Plans

- HHS expects that the EHB benchmark options will be updated in the future to ensure that benefits reflect the most current and appropriate medical practices and insurance market practices.

## EHB | CT's Benchmark Plan Options

- In December 2011, the Connecticut Insurance Department (CID) surveyed the major carriers in the state regarding plan designs in the small group market
- All nine benchmark plans (the state's largest HMO is also one of the largest small group plans) cover services in most of the 10 required categories of benefits
- The state will need further information on coverage for:
  - (1) Rehabilitative and habilitative services;
  - (2) Wellness programs; and
  - (3) Pediatric dental and vision.

# EHB | CT's Benchmark Plan Options

Services	Small Group Products			State Employee Plans	Federal Employee Plans	
	Oxford PPO	Anthem BCBS HMO	Largest HMO		BCBS Standard and Basic Options	GEHA Standard Option
		ConnectiCare HMO				
Ambulatory Patient Services						
Primary Care Visit to Treat an Injury or Illness	yes	yes	yes	yes	Yes	Yes
Specialist Visit	yes	yes	yes	yes	Yes	Yes
Other Practitioner Office Visit (Nurse, Physician Assistant)	yes	yes	yes	yes	Yes	Yes
Outpatient Surgery Physician/Surgical Services	yes	yes	yes	yes	Yes	Yes
Outpatient Facility (e.g., Ambulatory Surgery Center)	yes	yes	yes	yes	Yes	Yes
Home Health Care Services	30 visits	100 visits	100 visits	yes	Yes	Yes
Skilled Nursing Facility	30 days	90 days	90 days	yes	Yes	Yes
Emergency Services						
Emergency Room Services	yes	yes	yes	yes	Yes	Yes
Emergency Transportation/Ambulance	yes	yes	yes	yes	Yes	Yes
Urgent Care Centers or Facilities	yes	yes	yes	yes	Yes	Yes

# EHB | CT's Benchmark Plan Options

Services	Small Group Products			State Employee Plans	Federal Employee Plans	
	Oxford PPO	Anthem BCBS HMO	Largest HMO		BCBS Standard and Basic Options	GEHA Standard Option
			ConnectiCare HMO			
Hospitalization						
Inpatient Hospital Services (e.g., Hospital Stay)	yes	yes	yes	yes	Yes	Yes
Inpatient Physician and Surgical Services	yes	yes	yes	yes	Yes	Yes
Maternity and Newborn Care						
Prenatal and Postnatal Care	yes	yes	yes	yes	Yes	Yes
Delivery and All Inpatient Services for Maternity Care	yes	yes	yes	yes	Yes	Yes
Mental Health and Substance Use Disorder Services, Including Behavioral Health Treatment						
Mental/Behavioral Health Inpatient Services	yes	yes	yes	yes	Yes	Yes
Mental/Behavioral Health Outpatient Services	yes	yes	yes	yes	Yes	Yes
Substance Abuse Disorder Inpatient Services	yes	yes	yes	yes	Yes	Yes
Substance Abuse Disorder Outpatient Services	yes	yes	yes	yes	Yes	Yes

# EHB | CT's Benchmark Plan Options

Services	Small Group Products			State Employee Plans	Federal Employee Plans	
	Oxford PPO	Anthem BCBS HMO	Largest HMO		BCBS Standard and Basic Options	GEHA Standard Option
		ConnectiCare HMO				
Prescription Drugs						
Generic Drugs	yes	yes (rider)	yes (rider)	yes (rider)	Yes	Yes
Preferred Brand Drugs	yes	yes (rider)	yes (rider)	yes (rider)	Yes	Yes
Non-Preferred Brand Drugs	yes	yes (rider)	yes (rider)	yes (rider)	Yes	Yes
Rehabilitative and Habilitative Services and Devices						
Outpatient Rehabilitation Services	yes, 60 days per condition	yes	yes, 90 days	yes	Yes	Yes
Habilitation Services	Covers PT/ST/OT for conditions such as autism	Covers PT/ST/OT for conditions such as autism	Covers PT/ST/OT for conditions such as autism	Covers PT/ST/OT for conditions such as autism	Covers PT/ST/OT for conditions such as autism	Covers PT/ST/OT for conditions such as autism
Durable Medical Equipment	yes	yes	yes	yes	Yes	Yes
Laboratory Services						
Diagnostic Test (X-Ray and Laboratory Tests)	yes	yes	yes	Yes	Yes	Yes
Imaging (CT and PET Scans, MRIs)	yes	yes	yes	Yes	Yes	Yes

# EHB | CT's Benchmark Plan Options

Services	Small Group Products			State Employee Plans	Federal Employee Plans	
	Oxford PPO	Anthem BCBS HMO	Largest HMO		BCBS Standard and Basic Options	GEHA Standard Option
		ConnectiCare HMO				
Preventive and Wellness Services and Chronic Disease Management						
Preventive Care/Screening/Immunization	yes	yes	yes	yes	Yes	Yes
Pediatric Services, Including Oral and Vision Care						
Dental Check-Up for Children	yes	yes	yes	yes	Yes	Yes
Vision Screening for Children	Yes	Yes	yes	yes	Yes	Yes
Eye Glasses for Children	not specified	not specified	not specified	not specified	No	No

## EHB | Next Steps

- Provide additional information, as necessary, to Advisory Committee members
- Draft recommendation based on input from Advisory Committees
- Distribute draft recommendation, discuss and prepare final recommendation for Exchange Board – June 2012
- Exchange Board review Advisory Committee recommendation and submit Board recommendation to the Administration – July 2012
- The State reviews options, considers recommendation, and selects EHB benchmark plan for Connecticut for 2014 and 2015 – September 2012

# EHB | Resources

## COMMENTS on EHB Guidance

### Essential Health Benefits Coalition

- Organization representing large and small employers from various sectors of the U.S. economy, pharmacy benefit managers, providers, and health and dental plans operating in every state
- Comments emphasized: plan affordability; medical necessity of state mandates; clarification of relationship of EHB to broader design of QHP; prescription drug coverage design (oppose deferring to Medicare Part D standard); process of updating EHB
- <http://ehbcoalition.org/wp-content/uploads/2012/02/EHBC-Comments.pdf>

### National Health Council

- Comments emphasized: guarantee children's specific needs met and look to example set by Medicaid; explicitly define pediatric services, including oral and vision care; define medical necessity; limit insurer flexibility; assure transparent process of developing/updating EHB
- [http://www.statereforum.org/system/files/ehb\\_bulletin\\_comments.pdf](http://www.statereforum.org/system/files/ehb_bulletin_comments.pdf)

### Community Catalyst

- Consumer advocacy group issued a set of principles for EHB advocacy that are intended to unite consumer groups in their advocacy efforts.
- [http://www.communitycatalyst.org/doc\\_store/publications/Principles\\_EHB\\_Advocacy.pdf](http://www.communitycatalyst.org/doc_store/publications/Principles_EHB_Advocacy.pdf)

# EHB | Resources

## National Health Law Program (NHeLP)

- the NHeLP protects and advances the health rights of low income and underserved individuals. The oldest non-profit of its kind, NHeLP advocates, educates and litigates at the federal and state level. FAQ
- Comments to Essential Health Benefits FAQ :  
[http://www.healthlaw.org/images/stories/NHeLP\\_EHB\\_FAQ\\_Comments\\_03.23.2012.pdf](http://www.healthlaw.org/images/stories/NHeLP_EHB_FAQ_Comments_03.23.2012.pdf)

## National Health Council

- NHC provides a united voice for the millions of people with chronic diseases and disabilities and their family caregivers
- Information on EHB:  
<http://www.nationalhealthcouncil.org/pages/page-content.php?pageid=78>

## Other Documents

- December Bulletin:  
[http://cciio.cms.gov/resources/files/Files2/12162011/essential\\_health\\_benefits\\_bulletin.pdf](http://cciio.cms.gov/resources/files/Files2/12162011/essential_health_benefits_bulletin.pdf)
- February FAQ: <http://cciio.cms.gov/resources/files/Files2/02172012/ehb-faq-508.pdf>
- “Essential Health Benefits: Comparing Benefits in Small Group Products and State and Federal Employee Plans” (from Assistant Secretary for Planning and Evaluation):  
<http://aspe.hhs.gov/health/reports/2011/MarketComparison/rb.shtml>

# KPMG | Review of CT Consumer Assistance Programs

- Introductions
- Consumer Assistance Analysis
- Current State Blueprint
- Business Process Flows
- Key Observations
- Questions and Answers

# Introduction

State of Connecticut  
Health Insurance Exchange

Technical Advisory Assistance

Roger Albritton, Director  
KPMG LLP

# Consumer Assistance Analysis Deliverables

Current State Blueprint

Consumer Experience Business and Technical Requirements

Consumer Experience Procurement Strategy

Technical Requirements and Contract Specifications

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# Current State Blueprint: Approach

Major State agencies interviewed for this assessment:

**CID**

Connecticut Insurance  
Department

- Provides consumer inquiry assistance and complaint resolution

**OHA**

Office of the State  
Healthcare Advocate

- Provides consumer inquiry assistance and complaint resolution

**DSS**

Department of Social  
Services

- Provides consumer inquiry assistance, complaint resolution, and application processing services
- Contracts with Affiliated Computer Services (ACS), CT United Way, and Pool Administrators Inc. (PAI)

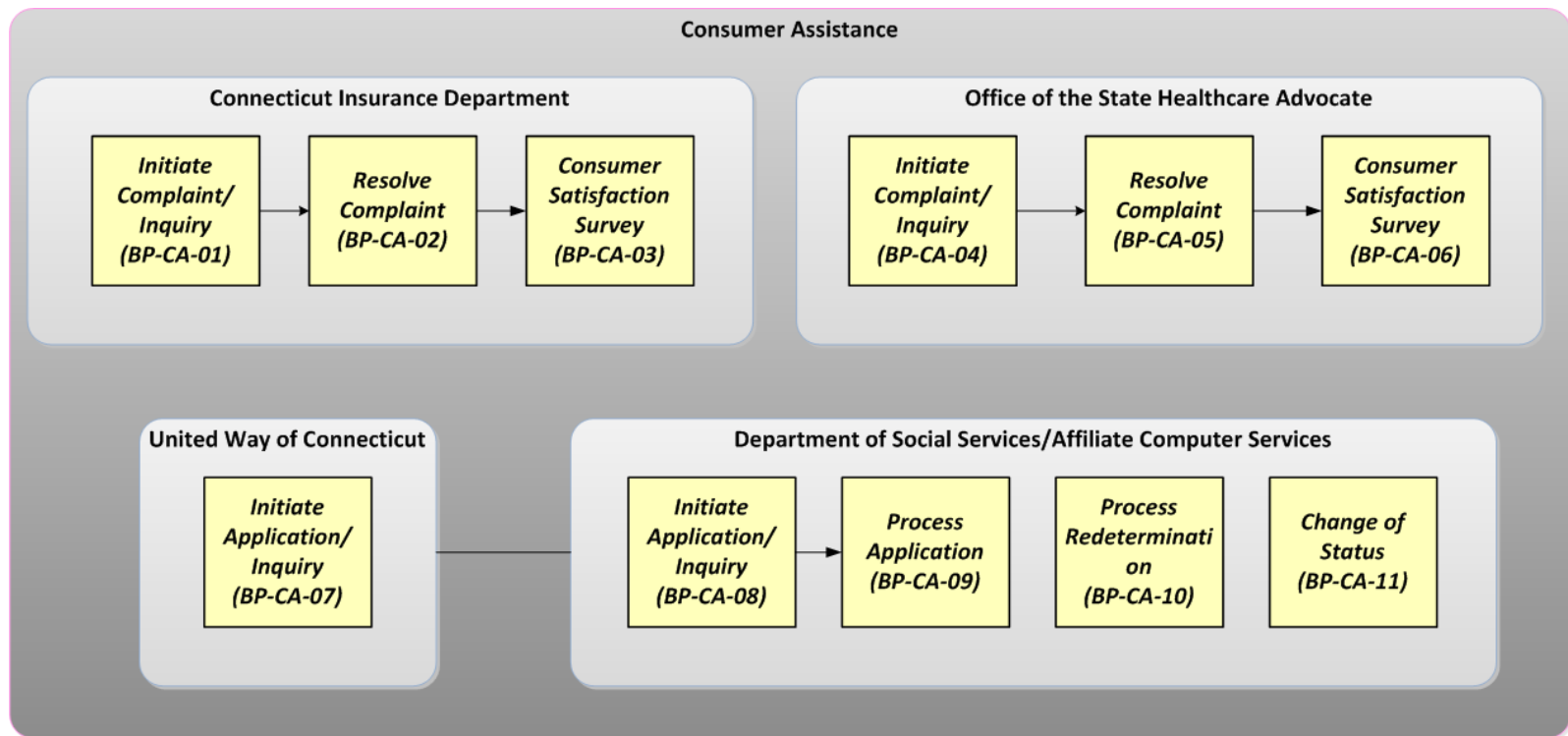
# Current State Blueprint: Contents

- **Current State Assessment**
  - Includes an assessment as well as business process models representing the current state
- **Observations and Recommendations**
- **Strategic Considerations for Exchange Consumer Experience**

# Overview of Existing Consumer Assistance Program Functionality

	CID	OHA	DSS		
			DSS	ACS	HUSKY hotline
Statutory Mandate	√	√	√	-	-
Population Served	Commercial	All CT residents	Medicaid recipients	Subsidized programs	Medicaid recipients
Type of consumer interaction	Phone, Web, email, fax, in-person	Phone, web, email, fax, mail, in-person	Phone, email, fax, in-person?	Phone, fax	Phone, email
Interaction w/entities other than consumers	√	√	√	-	-
Must refer to other agencies for full service	√	√	√	√	√
Web Presence	√	√	√	-	√
Call Center	-	-	√	√	√
IVR	-	-	√	√	√
Support languages other than English	Language Line	Language Line	Language Line, written materials in Spanish	Language Line	Spanish-speaking staff, written materials in Spanish
Communications created for distribution	√	√	√	-	√
Consumer Outreach Events	√	√	-	-	√
Social Media Presence	-	Facebook, blog	-	-	Facebook, Twitter
Billboards, TV commercials, radio	√	√	-	-	√

# End-to-end Business Process Flow



# Business Process Model Sample

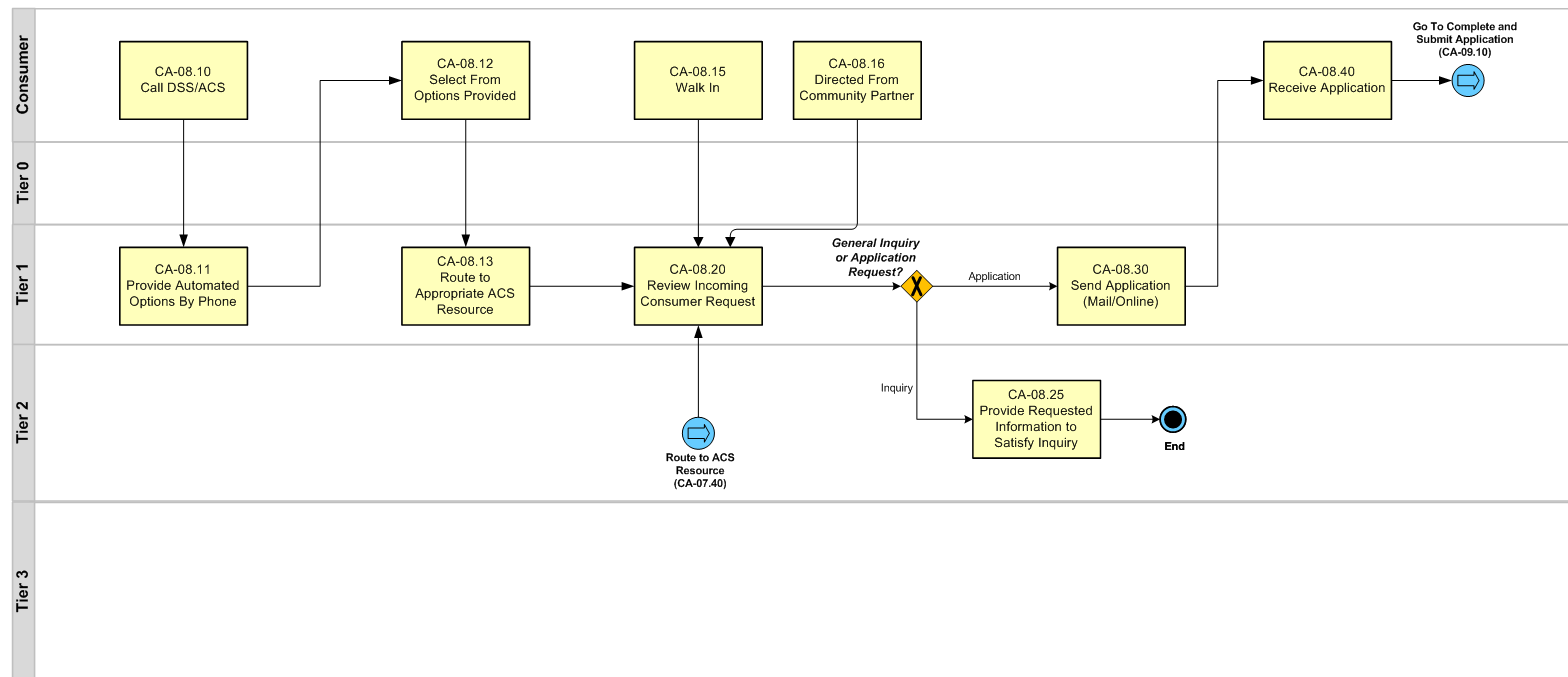
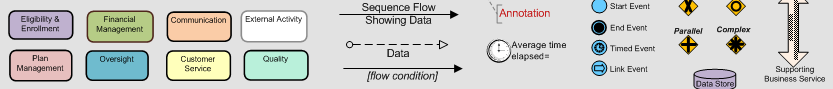
## Consumer Assistance

### BP-CA-08: Initiate Application/Inquiry Department of Social Services and Affiliate Computer Services

#### Synopsis

This process flow depicts the process of a consumer's application initiation or inquiry through the Department of Social Services or ACS.

#### Legend:



# Key Observations

- No existing consumer assistance entity currently serves all of the health insurance needs of Connecticut consumers
- Existing consumer assistance programs are operating as silos
- Few opportunities for self-help exist
- No common method of identifying consumers exists
- Numerous 800 numbers and websites exist for consumer assistance
- Technology is outdated and lacks automation
- Staffing is constrained at consumer assistance programs and call centers
- Call Center hours of operation are limited
- Most locations have limited space to expand consumer assistance staffing
- Personnel responding to simple inquiries are often the same individuals resolving consumer assistance issues
- The entities reviewed are currently limited in terms of a formal program with, and management of, Navigator-like entities

# Next Steps

Current State Blueprint

**Consumer Experience Business and Technical Requirements**

Consumer Experience Procurement Strategy

Technical Requirements and Contract Specifications

# Mintz & Hoke | Status Update

## HHS Final Rule | Navigator Key Points

- Navigators are private or public entities qualified, and licensed, if appropriate, to carry out at least three of the following duties:
  - Maintain expertise in eligibility, enrollment, and program specifications and conduct public education activities to raise awareness of the Exchange;
  - Provide information and services in a fair, accurate and impartial manner;
  - Facilitate selection of a QHP
  - Provide referrals to appropriate state agencies for any enrollee with a grievance, complaint or question; and
  - Provide information in a culturally and linguistically appropriate manner.

## HHS Final Rule | Navigator Key Points

- Navigators must:
  - Demonstrate that they have existing relationships, or could readily establish relationships, with employers and employees, consumers (including uninsured and underinsured), or self-employed individuals likely to be eligible to enroll through the Exchange;
  - Meet any licensing or certification standards;
  - Not have a conflict of interest; and,
  - Comply with privacy and security standards.

## HHS Final Rule | Navigator Key Points

- In addition to community and consumer-focused non-profit groups, Navigators must include at least one of the following categories:
  - Trade, industry and professional associations;
  - Commercial fishing, ranching and farming organizations;
  - Chambers of commerce;
  - Unions;
  - Small Business Association resource partners
  - Licensed agents and brokers; and
  - Other private/public entities that meet Navigator requirements.

## HHS Final Rule | Navigator Key Points

- Navigators must not:
  - Be a health insurer;
  - Be a subsidiary of a health insurer;
  - Be an association that includes members or, or lobbies on behalf of, the insurance industry;
  - Receive any compensation – financial or otherwise – from any health insurer in connection with enrolling an individual or employees in a health plan, either inside or outside the Exchange.

## HHS Final Rule | Navigator Key Points

- The Exchange must develop and publicly disseminate:
- Conflict of interest standards
- Training standards to ensure expertise in:
  - Needs of underserved and vulnerable populations;
  - Eligibility and enrollment rules and procedures;
  - Qualified Health Plan options and other publicly-subsidized health coverage programs; and
  - Privacy and security requirements.

## HHS Final Rule | Brokers Key Points

- State may permit brokers/agents to:
  - Enroll individuals, employers and employees in any QHP, inside or outside the Exchange;
  - Assist individuals in applying for advance premium tax credits and reduced cost sharing for QHPs.
- Brokers/agents that help people enroll through the Exchange must comply with terms of an agreement between the agent/broker and the Exchange.

## HHS Final Rule | Brokers Key Points

- Brokers/agents must:
  - Register with the Exchange in advance of assisting individuals enroll in coverage;
  - Receive training in QHP options and other publicly subsidized insurance programs; and
  - Comply with privacy and security standards.

# Committee | Next Steps

You will be provided the following documents to review and discuss during the June Meeting:

- Process for Making Recommendation to the Board
  - June: Discussion of EHB Benchmark Plans
  - July: Recommendation to Board re. EHB

**Next Meeting:**                  **June 12 or June 13**  
**Location TBA.**

**Tuesday, July 10 @ 9-11am**  
**Tuesday, August 7 @ 9-11am**